

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State/Territory: _____

ELIGIBILITY CONDITIONS AND REQUIREMENTS

Procedures for Scheduling and Conduct of Standard Surveys

The State has in effect the following procedures for the scheduling and conduct of standard surveys to assure that it has taken all reasonable steps to avoid giving notice.

-Bureau of Long Term Care (LTC) staff are instructed per manual code 2520, Long Term Care Survey Process (attached) that surveys are to be unannounced.

-All bureau staff receive a copy of the federal regulations which states that surveys are not to be announced in any manner.

-A nursing home informational pamphlet informs facilities that all LTC surveys are unannounced.

-Safeguards have been established for license renewals so that documentation from the facility is no longer requested prior to survey, but are now obtained at the time of survey.

-Confidentiality of survey schedules and related documents is maintained.

TN No. 92-0024
Supersedes
TN No. NEW

Approval Date 4-1-93

Effective Date 7/1/92

HCFA ID: _____

BUREAU OF QUALITY COMPLIANCE

Subject: Long Term Care Survey Process - Overview

This procedure is written to document how the Bureau of Quality Compliance conducts unannounced surveys of Long Term Care facilities in Wisconsin and to promote a uniform, efficient survey process.

It is the aim of the Bureau of Quality Compliance to provide consistent guidelines for field staff to facilitate the review process and ensure compliance with state and federal law. The survey process is conducted at least annually in all Title 18/19 certified long term care facilities, (SNF/NF).

The purpose of the LTC survey is to determine whether the facility is identifying and meeting the needs of each resident and whether the facility is in compliance with federal and state rules and regulations. The survey team members use the Federal "Survey Protocol for Long Term Care Facilities" as outlined in Appendix P and elsewhere in the State Operations Manual, to conduct initial and certification surveys in all T18/19 SNF/NF. The survey team uses Wisconsin Administrative Code, HSS 132 to conduct state licensure surveys. A hospital participating in the Medicare Swing Bed Program is surveyed using Form OMB No. 0938-0485.

The survey is conducted by a multidisciplinary team comprised of a Registered Nurse (RN), a Social Worker (SW), a Professional Engineer (PE), and other consultants as appropriate. Team members are expected to identify problems areas and meet throughout the survey to discuss observations with other team members. An RN or SW will act as team coordinator for the survey and will discuss observations with facility staff on a daily basis or as appropriate to the survey process.

I. The twelve tasks in the LTC survey process are:

1. Off-site survey preparation - Review of the history of a facility through file review.
2. Entrance Conference - Team coordinator informs facility administrator about the survey process and requests information needed to conduct the survey. Informs facility administrator that staff may accompany surveyors during the survey process. Length of time is approximately 1/2 hour.
3. Orientation Tour - Occurs simultaneously with the entrance conference. Conducted by the rest of the survey team; its purpose is to identify residents for the resident sampling process. The tour is completed in approximately two hours using HCFA forms 682, Resident Roster and 681, Surveyor Notes Worksheet.

TN No. 92-0024

Supersedes

TN No. NEW

Approval Date

4-1-93

Effective Date

7-1-92

HCFA ID:

PE01049.CS/SP vg

substitute page submitted 1-12-93

4. Resident Sampling - An in-depth review of a sample of residents that concentrates on the quality of care and resident rights requirements. The majority of residents in the sample are proportionately selected from four categories.
 - a. Interviewable, light care residents
 - b. Interviewable, heavy care residents
 - c. Non-interviewable, not requiring extensive assistance
 - d. Non-interviewable, requirement extensive assistance
5. Environmental Quality Assessment - The purpose is to observe physical features in the nursing facility's environment that affect residents' quality of life, health and safety. At least two resident rooms per wing are observed with observations conducted at various times during the survey, using HCFA 678 form. The status of any physical environment waivers of room size are determined at this time.
6. Quality of Care Assessment - Purpose is to relate changes in resident's status, i.e., improvement, maintenance, or decline, to facility performance. This assessment occurs throughout the survey using HCFA form 676.
7. Closed Record Review - Purpose is to examine the quality of care that the facility provided prior to the resident's transfer to a hospital or death. A minimum of five records are reviewed and the information documented on HCFA form 680.
8. Individual and Group Resident Rights Interviews - Purpose is to determine through interviews how the facility protects and promotes the rights and maintains and enhances the quality of life of each resident. Individual interviews are approximately 30-45 minutes in length. The group interview is approximately 45-60 minutes in length. Facility staff are not present during these interviews. HCFA forms used for these interviews are 674 and 675.
9. Dietary Services System Assessment - Purpose is to review elements of the dietary services system with important effects on the health and nutritional status of residents. This assessment occurs throughout the survey using HCFA forms 679A, B and C.
10. Medication Pass - Purpose is to observe the actual preparation and administration of medications in order to detect medication errors using HCFA form 677.

TN No. 92-0024

Supersedes

TN No. NEW

Approval Date 4-1-93

Effective Date 7-1-92

HCFA ID: _____

11. Information Analysis and Decision Making - Purpose is to review and analyze all observations and determine whether the facility has a deficiency in one or more of the regulatory requirements (See Manual Code 2521, Documentation on the Statement of Deficiency Form) and to determine if an extended survey is necessary. (See Manual Code 2522 for Extended Surveys and Manual Code 2553 Notification to Physicians and Nursing Home Administrators Examining Board).
12. Exit Conference is conducted as a courtesy to the facility to summarize the survey findings and serve the deficiencies. The exit conference is the facility's meeting and the administrator determines who should attend the conference. If the facility wishes to have an attorney present it is the facility's responsibility to let the surveyor know this, as they are instructed not to answer any questions from the facility attorney. A court reporter may not attend the exit. The facility may wish to make an audio or video tape record of this meeting, and if so, they must make two simultaneous recordings so that the surveyor can take one, of their choosing, with them at the end of the exit conference.

II. Review of the Plans of Correction on the Statement of Deficiency Form

For a plan of correction to be approved by the Bureau, the facility must specifically explain what will be done to correct the deficiency (and ensure continued compliance in the future), how correction will be accomplished and monitored to ensure it will not recur, and when (date specific) correction will be completed. Most corrections are to be accomplished within 60 days from the exit conference. It is the facility's responsibility to submit an acceptable Plan of Correction, and for federal cites, if they do not, they cannot be recertified. If the surveyor determines that a plan of correction is not acceptable, they are to contact the facility and notify them of this and amend the plan of correction, if possible, over the phone. If this cannot be accomplished, the surveyor processes the survey report, recommending termination of the facility's provider agreement. (See Manual Code 2523 for Follow-Up Visits).

2520/jh

9/91

TN No. 92-0024

Supersedes

TN No. NEW

Approval Date 4-1-93

Effective Date 7-1-92

HCFA ID: _____

PE01049.CS/SP vg *substitute page submitted 1-12-93*